SERFF Tracking Number:
 BNLB-125835760
 State:
 Arkansas

 Filing Company:
 Bankers Life and Casualty Company
 State Tracking Number:
 40393

Company Tracking Number:

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: GP-A11 & GP-A12 (Certificates GR-A11A thru GR-A11G)

Project Name/Number: /

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: GP-A11 & GP-A12 (Certificates SERFF Tr Num: BNLB-125835760 State: ArkansasLH

GR-A11A thru GR-A11G)

TOI: MS05G Group Medicare Supplement - SERFF Status: Closed State Tr Num: 40393

Standard Plans

Sub-TOI: MS05G.001 Plan A Co Tr Num: State Status: Approved-Closed Filing Type: Rate Co Status: Submitted Reviewer(s): Stephanie Fowler

Author: Diana Willis Disposition Date: 10/28/2008
Date Submitted: 09/29/2008 Disposition Status: Approved

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 09/26/2008

Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Overall Rate Impact: 15% Group Market Type: Employer, Association,

Blanket, Discretionary, Trust

Filing Status Changed: 10/28/2008

State Status Changed: 10/28/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

2009 Premium Rates for Standardized Medicare Supplement Policy Forms GP-A11 and GP-A12

We are submitting new 2009 rates for the forms captioned above. These forms were approved in your state on February 25, 1997. They are currently available for sale.

SERFF Tracking Number: BNLB-125835760 State: Arkansas
Filing Company: Bankers Life and Casualty Company State Tracking Number: 40393

Company Tracking Number:

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: GP-A11 & GP-A12 (Certificates GR-A11A thru GR-A11G)

Project Name/Number: /

Both policy form GP-A11 and GP-A12 are community rated, both forms are Medicare Part A and Part B group policies. They are issued to groups with members who are 65 and over.

Policy forms GP-A11 and GP-A12 each consist of seven different certificate forms. Each certificate provides varying degrees of benefits to coincide respectively with the Standardized Medicare Plans A through G. The enclosed memorandum provides more specific details concerning these certificates and the expenses covered by each.

We are requesting rate increases. In determining the rate adjustments, we have considered rate consistency with our individual standardized Medicare supplement form GR-A06. The details of the requested increases are explained in the enclosed memoranda.

We'd sincerely appreciate your expedited review for approval of this filing. Please feel free to correspond with us via SERFF, fax to (312) 396-5906 or e-mail d.willis@banklife.com.

Company and Contact

Filing Contact Information

Diana Willis, Actuarial Analyst II d.willis@banklife.com
600 West Chicago Avenue (312) 396-7658 [Phone]
Chicago, IL 60610 (312) 396-5906[FAX]

Filing Company Information

Bankers Life and Casualty Company CoCode: 61263 State of Domicile: Illinois

600 West Chicago Avenue Group Code: 233 Company Type:
Chicago, IL 60610 Group Name: State ID Number:

(312) 396-6000 ext. [Phone] FEIN Number: 36-0770740

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No

SERFF Tracking Number: BNLB-125835760 State: Arkansas

Filing Company: Bankers Life and Casualty Company State Tracking Number: 40393

Company Tracking Number:

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: GP-A11 & GP-A12 (Certificates GR-A11A thru GR-A11G)

Project Name/Number:

Fee Explanation: \$50.00 per form being filed x 2 forms = \$100.00

Per Company: No

 SERFF Tracking Number:
 BNLB-125835760
 State:
 Arkansas

 Filing Company:
 Bankers Life and Casualty Company
 State Tracking Number:
 40393

Company Tracking Number:

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: GP-A11 & GP-A12 (Certificates GR-A11A thru GR-A11G)

Project Name/Number:

COMPANY AMOUNT DATE PROCESSED TRANSACTION #
Bankers Life and Casualty Company \$100.00 09/29/2008 22797509

 SERFF Tracking Number:
 BNLB-125835760
 State:
 Arkansas

 Filing Company:
 Bankers Life and Casualty Company
 State Tracking Number:
 40393

Company Tracking Number:

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: GP-A11 & GP-A12 (Certificates GR-A11A thru GR-A11G)

Project Name/Number:

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	10/28/2008	10/28/2008

SERFF Tracking Number:BNLB-125835760State:ArkansasFiling Company:Bankers Life and Casualty CompanyState Tracking Number:40393

Company Tracking Number:

TOI: MS05G Group Medicare Supplement - Standard Plans Sub-TOI: MS05G.001 Plan A

Product Name: GP-A11 & GP-A12 (Certificates GR-A11A thru GR-A11G)

Project Name/Number: /

Disposition

Disposition Date: 10/28/2008

Implementation Date: Status: Approved

Comment: We have approved the requested rate increases. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

Company Name:	Overall % Rate	Written Premium	# of Policy	Premium:	Maximum %	Minimum %	Overall %
	Impact:	Change for this	Holders		Change (where	Change (where	Indicated
		Program:	Affected for		required):	required):	Change:
			this				
			Program:				
Bankers Life and	15.000%	\$1,048	3	\$	15.000%	0.000%	15.000%
Casualty Company							

 SERFF Tracking Number:
 BNLB-125835760
 State:
 Arkansas

 Filing Company:
 Bankers Life and Casualty Company
 State Tracking Number:
 40393

Company Tracking Number:

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: GP-A11 & GP-A12 (Certificates GR-A11A thru GR-A11G)

Project Name/Number:

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	Rate Sheet Plan A	Approved	Yes
Rate	Rate Sheet Plan B	Approved	Yes
Rate	Rate Sheet Plan C	Approved	Yes
Rate	Rate Sheet Plan D	Approved	Yes
Rate	Rate Sheet Plan E	Approved	Yes
Rate	Rate Sheet Plan F	Approved	Yes
Rate	Rate Sheet Plan G	Approved	Yes
Rate	Rate Sheet Mode	Approved	Yes

SERFF Tracking Number:BNLB-125835760State:ArkansasFiling Company:Bankers Life and Casualty CompanyState Tracking Number:40393

Company Tracking Number:

TOI: MS05G Group Medicare Supplement - Standard Plans Sub-TOI: MS05G.001 Plan A

Product Name: GP-A11 & GP-A12 (Certificates GR-A11A thru GR-A11G)

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 14.340%

Effective Date of Last Rate Revision: 01/01/2008

Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Premium:	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders		Change (where	Change (where
	Change:		Change for	Affected for this		required):	required):
			this	Program:			
			Program:				
Bankers Life and	15.000%	15.000%	\$1,048	3		15.000%	0.000%

 SERFF Tracking Number:
 BNLB-125835760
 State:
 Arkansas

 Filing Company:
 Bankers Life and Casualty Company
 State Tracking Number:
 40393

Company Tracking Number:

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: GP-A11 & GP-A12 (Certificates GR-A11A thru GR-A11G)

Project Name/Number:

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:		Attachments
Approved	Rate Sheet Plan A	GR-A11A	Revised	Previous State Filing Number: Percent Rate Change Request:	36807 15	Rate Sheet - Plan A.pdf
Approved	Rate Sheet Plan B	GR-A11B	Revised	Previous State Filing Number: Percent Rate Change Request:	36807 10	Rate Sheet - Plan B.pdf
Approved	Rate Sheet Plan C	GR-A11C	Revised	Previous State Filing Number: Percent Rate Change Request:	36807 15	Rate Sheet - Plan C.pdf
Approved	Rate Sheet Plan D	GR-A11D	Revised	Previous State Filing Number:	36807	Rate Sheet - Plan D.pdf
Approved	Rate Sheet Plan E	GR-A11E	Revised	Previous State Filing Number: Percent Rate Change Request:	36807 12	Rate Sheet - Plan E.pdf
Approved	Rate Sheet Plan F	GR-A11F	Revised	Previous State Filing Number: Percent Rate Change Request:	36807 15	Rate Sheet - Plan F.pdf

SERFF Tracking Number: BNLB-125835760 State: Arkansas 40393

State Tracking Number: Filing Company: Bankers Life and Casualty Company

Company Tracking Number:

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: GP-A11 & GP-A12 (Certificates GR-A11A thru GR-A11G)

Project Name/Number:

Rate Sheet - Plan Previous State Filing Approved Rate Sheet Plan G GR-A11G Revised 36807

Number:

Percent Rate Change 10

Request:

Previous State Filing Rate Sheet Mode Approved Rate Sheet Mode GP-A11, GP-A12 Other 36807

Number:

Rate Action Other

Explanation:

G.pdf

- A11.pdf

AccompaRate Sheet Mode

- A12.pdf nies

above rate sheets

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A11 Certificate Form Series GR-A11

Annual Premium Rates* Male or Female

<u>Issue Age</u> <u>Plan A</u> Ages 65 & Over \$1,965.26

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly; 0.09167 for Renewal Direct Bill

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A12 Certificate Form Series GR-A11

Annual Premium Rates* Male or Female

<u>Issue Age</u> <u>Plan A</u> Ages 65 & Over \$1,965.26

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly; 0.09167 for Renewal Direct Bill

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A11 Certificate Form Series GR-A11

Annual Premium Rates* Male or Female

<u>Issue Age</u> <u>Plan B</u> Ages 65 & Over \$2,846.38

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly; 0.09167 for Renewal Direct Bill

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A12 Certificate Form Series GR-A11

Annual Premium Rates* Male or Female

<u>Issue Age</u> <u>Plan B</u> Ages 65 & Over \$2,846.38

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly; 0.09167 for Renewal Direct Bill

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A11 Certificate Form Series GR-A11

Annual Premium Rates* Male or Female

<u>Issue Age</u> <u>Plan C</u> Ages 65 & Over \$4,085.75

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly; 0.09167 for Renewal Direct Bill

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A12 Certificate Form Series GR-A11

Annual Premium Rates* Male or Female

<u>Issue Age</u> <u>Plan C</u> Ages 65 & Over \$4,085.75

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly; 0.09167 for Renewal Direct Bill

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A11 Certificate Form Series GR-A11

Annual Premium Rates* Male or Female

<u>Issue Age</u> <u>Plan D</u> Ages 65 & Over \$2,387.98

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly; 0.09167 for Renewal Direct Bill

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A12 Certificate Form Series GR-A11

Annual Premium Rates* Male or Female

<u>Issue Age</u> <u>Plan D</u> Ages 65 & Over \$2,387.98

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly; 0.09167 for Renewal Direct Bill

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A11 Certificate Form Series GR-A11

Annual Premium Rates* Male or Female

<u>Issue Age</u> <u>Plan E</u> Ages 65 & Over \$2,916.08

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly; 0.09167 for Renewal Direct Bill

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A12 Certificate Form Series GR-A11

Annual Premium Rates* Male or Female

<u>Issue Age</u> <u>Plan E</u> Ages 65 & Over \$2,916.08

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly; 0.09167 for Renewal Direct Bill

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A11 Certificate Form Series GR-A11

Annual Premium Rates* Male or Female

<u>Issue Age</u> <u>Plan F</u> Ages 65 & Over \$2,410.89

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly; 0.09167 for Renewal Direct Bill

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A12 Certificate Form Series GR-A11

Annual Premium Rates* Male or Female

<u>Issue Age</u> <u>Plan F</u> Ages 65 & Over \$2,410.89

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly; 0.09167 for Renewal Direct Bill

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A11 Certificate Form Series GR-A11

Annual Premium Rates* Male or Female

<u>Issue Age</u> <u>Plan G</u> Ages 65 & Over \$1,864.89

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly; 0.09167 for Renewal Direct Bill

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A12 Certificate Form Series GR-A11

Annual Premium Rates* Male or Female

<u>Issue Age</u> <u>Plan G</u> Ages 65 & Over \$1,864.89

0.08583 for Monthly Bank Draft/Payroll Deduction; 0.515 for Semi-Annual; 0.2625 for Quarterly; 0.09167 for Renewal Direct Bill

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A11 Certificate Form Series GR-A11

Premium Rates* Male or Female

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D
GP-A11A	65 & Older	1965.26	1013.08	516.95	181.15	169.68
GP-A11B	65 & Older	2846.38	1466.85	748.27	261.92	245.31
GP-A11C	65 & Older	4085.75	2105.11	1073.65	375.53	351.68
GP-A11D	65 & Older	2387.98	1230.78	627.93	219.90	205.96
GP-A11E	65 & Older	2916.08	1502.75	766.58	268.31	251.29
GP-A11F	65 & Older	2410.89	1242.58	633.94	222.00	207.93
GP-A11G	65 & Older	1864.89	961.40	490.60	171.95	161.07

Chicago, Illinois

Standardized Medicare Supplement Group Policy Form GP-A12 Certificate Form Series GR-A11

Premium Rates* Male or Female

	Issue Age	ANNUAL	SEMI-ANNUAL	QUARTERLY	LIST BILL	P.P.S.P./P.R.D
GP-A12A	65 & Older	1965.26	1013.08	516.95	181.15	169.68
GP-A12B	65 & Older	2846.38	1466.85	748.27	261.92	245.31
GP-A12C	65 & Older	4085.75	2105.11	1073.65	375.53	351.68
GP-A12D	65 & Older	2387.98	1230.78	627.93	219.90	205.96
GP-A12E	65 & Older	2916.08	1502.75	766.58	268.31	251.29
GP-A12F	65 & Older	2410.89	1242.58	633.94	222.00	207.93
GP-A12G	65 & Older	1864.89	961.40	490.60	171.95	161.07